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SERIAL NUMBER 10/672,327	FILING DATE 09/26/2003 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. SPINE 3.0-2144 DIV II
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/921,876 08/03/2001 PAT 6,656,224
 which is a DIV of 09/098,606 06/17/1998 PAT 6,296,664

OK *DS*

** FOREIGN APPLICATIONS *****

OK *DS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/17/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

ADDRESS

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TITLE

Artificial intervertebral disc

FILING FEE RECEIVED 854	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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